

COVER PAGE

LAUSD  
CHARTER SCHOOLS  
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sherman Bari Cooper

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Board member  
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_\_, through December 31, 2018.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one circle.)  
☐ The period covered is January 1, 2018, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- ☒ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1919 S. Burnside Ave Los Angeles CA 90016  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 323 ) 939-6400 bsherman101@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/19  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Bari Cooper Sherman

▶ **NAME OF BUSINESS ENTITY**  
Turner-Agassi Charter School Facilities Fund II

**GENERAL DESCRIPTION OF THIS BUSINESS**  
charter school development

**FAIR MARKET VALUE**  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☒ Partnership      ☐ Income Received of \$0 - \$499  
    ☒ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**  
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☐ Partnership      ☐ Income Received of \$0 - \$499  
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**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>Bari Cooper Sherman</b>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>Turner-Agassi Charter School Facilities II Fund</b>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <b>3000 Olympic Blvd, Santa Monica, CA 90404</b>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>charter school development</b>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <b>Vice President</b>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:	
NAME OF LENDER*	INTEREST RATE      TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None _____
ADDRESS (Business Address Acceptable)	
_____	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence
	<input type="checkbox"/> Real Property _____ Street address _____ City _____
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> \$1,001 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> OVER \$100,000	
Comments: _____	